

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
							10/088977					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
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TOTAL DEP.	13		↓		↓		↓		↓		↓	
TOTAL CLAIMS	14		↓		↓		↓		↓		↓	